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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
i Ornin i	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
LKQ Corporati	on Employee Good Government Fund	
ADDRESS (number and s	street) 2900 S. Port Royale Blvd	
(Check if address is changed)		
	Fort Lauderdale	FL
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address X is changed)	esgart@bellsouth.net	
	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE M M M M O 3	23 2010	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer Eileen Sottile	
Signature of Treasurer	Electronically Filed by Eileen Sottile	Date 05 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	